



SCHOOL OF ENGINEERING & COMPUTING SCIENCES
COLLEGE OF SCIENCE & ENGINEERING
6300 OCEAN DRIVE, UNIT 5824
CORPUS CHRISTI, TEXAS 78412-5824
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AGREEMENT FOR CONTRACTED FIELD EXPERIENCE

NOTE: Agreement *must* be typed (student's responsibility)

Semester _____ Year: _____

Name: _____ ID#: _____

Email: _____

Cell Number: _____ Major: _____ Option: _____

Course Number: COSC 4690 Section: _____ Call #: _____ Credit Hours: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____ Telephone #: _____

IMMEDIATE SUPERVISOR: _____

Instructor Name (Please Print)

Instructor Signature

Date

PROPOSED ASSIGNMENT: (including length of time, days and hrs. of work)

OUTLINE OF OBJECTIVES TO BE ACHIEVED: (attach a sheet if additional space is needed.)

SPECIFIC METHOD OF EVALUATION: (Commonly weekly reports to Instructor and letter of evaluation from supervisor.)

Student Signature

Date

Approved by: _____
Program Coordinator, Dr. Longzhuang Li

Date

Approved by: _____
Dept. Chair, Dr. Scott King, CI 341

Date